

SHERYL ANDERSON GORDON FOUNDATION

Educational Scholarship Page 1

Eligibility Requirements

Who Is Eligible:

Any Michigan resident who submits a completed application and meets the following criteria: Preference will be given to Calhoun County residents.

Educational Criteria:

Applicant must be enrolled as a full time student (12 credit hours or more) in one of the following:

1. An entering freshman in an academic post-secondary program
2. An undergraduate (sophomore, junior or senior) in an academic, post-secondary program
3. A graduate student in an academic program
4. A vocational/technical school student or student who is pursuing an associate's degree from a community college

Applicants must also meet the following Vision Loss Criteria:

20/70 or less, central vision, best corrected, in better eye, and/or 20 degree peripheral field or less in better eye or 20/40 or less, best corrected, in better eye, and associated field loss with a prognosis of further vision loss secondary to underlying disease process.

Selection process:

The Foundation will review all applications and awards will be determined based on an individual basis.

Scholarship Distribution:

The scholarship award will be divided over the duration of the student's post-secondary career (two or four years) and all scholarship moneys will be sent directly to the post-secondary institution on a semester basis. The student must be enrolled full time (12 credit hours) and in good standing to receive future money. The award may be used toward tuition, fees, room & board and books.

If a recipient does not use a portion of their award within one year from selection, their award will be forfeited unless a special extension is requested (in writing) by the recipient and granted by the Foundation.

To apply, please complete this application form (typewritten or printed legibly) and send, along with required attachments to:

Sheryl Anderson Gordon Foundation, 24135 M Drive South, Homer, Michigan 49245

Or

Email: stevean@straussvealfeeds.com

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Application

All materials submitted must be typewritten or printed legibly

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name of High School: _____ Graduation Date: _____

Email Address: _____

School Address: _____

City: _____ State: _____ Zip: _____

Cumulative High School grade point average: _____

Cumulative grade point average of school currently attending (if different than High School): _____

Have you been accepted to a college or university: YES _____ NO _____

If YES, please state:

Name of College: _____ Stated Major: _____

College Address: _____

City: _____ State: _____ Zip: _____

Desired Degree: _____

Vocational Goal: _____

If NO, please explain: _____

This application can be made available in Braille upon request.

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Enclosures to Accompany Application

In addition to the Application, please enclose the following information:

1. Completed Application form
2. Autobiographical summary. No longer than two double-spaced pages. Please include the following in this order:
 - A. Field of study, and why?
 - B. Personal Goals
 - C. Achievements, honors, hobbies, leadership qualities
 - D. School activities beyond academics (music, art, sports, drama, etc.)
 - E. Orientation / mobility and independent living skill abilities and strategies to achieve independence in a college environment
 - F. Adaptive equipment and media used (large print, Braille, recordings, CCTV, computers, magnifiers, etc.)
 - G. Strategies to succeed in college with vision loss
3. A paragraph stating your financial need including information on any scholarships or grants you are, or will be receiving
4. Transcripts and ACT and/or SAT scores from the school you are currently attending or have most recently attended
5. A letter of recommendation from EACH of the following:
 - A. Current or recent school teacher or administrator
 - B. An individual in the community (outside of school setting)
6. Current letter of medical visual condition from your eye care practitioner. Please include diagnosis, prognosis, visual acuity and extent of peripheral field loss, if applicable.